

CITY OF BLOOMINGTON UTILITIES
APPLICATION REQUEST FOR NEW WATER / SEWER CONNECTION
(ONLY FOR SERVICES TO SINGLE FAMILY AND DUPLEX RESIDENCE ON A SINGLE LOT)

BUILDING PERMIT #

Is property for which service is being requested located
within the City of Bloomington corporate limits? ☐ Yes ☐ No

If no, a notarized "Waiver of Protest of Annexation" must be completed. Date of completed "Waiver" received _____.

Date service is desired: _____.

WATER ☐ SEWER ☐ LAWN SPRINKLER ☐ METER ONLY ☐

PROPERTY INFORMATION: SINGLE FAMILY ☐ DUPLEX ☐

ADDRESS _____

SUBDIVISION _____ LOT # _____

OWNER:

NAME _____ TELEPHONE _____

ADDRESS _____

CONTRACTOR REGISTRATION # _____:

NAME _____ TELEPHONE _____

ADDRESS _____

PLUMBER:

NAME _____

I HEREBY MAKE APPLICATION FOR NEW SERVICE AT THE ABOVE LOCATION, AND I AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING SAID SERVICE LINES NOW IN FORCE OR HEREAFTER ENACTED BY THE UTILITY SERVICE BOARD AND COMMON COUNCIL OF THE CITY OF BLOOMINGTON. I WILL BE RESPONSIBLE FOR ALL PIPE LINES AND DITCHES FROM STOP BOX AT CURB OR PROPERTY LINE. SAID LINE MUST BE INSTALLED OR SUPERVISED BY A LICENSED PLUMBER.

Amount Paid \$ _____ Date Paid _____ Balance Owed: _____

DATE _____ APPLICANT'S SIGNATURE _____

DOMESTIC DEMAND FLOW

COUNT OF WATER FIXTURES

_____ BATHTUBS/SHOWER COMBO	_____ CLOTHES WASHERS	_____ ICE MAKERS	_____ LAUNDRY TUBS
_____ BAR SINKS	_____ DISHWASHERS	_____ KITCHEN SINKS	_____ SHOWER HEADS
_____ BIDETS	_____ HOSE BIBS	_____ LAVATORIES	_____ WATER CLOSETS

***** FOR UTILITIES ENGINEERING USE BELOW THIS LINE *****

DATE SENT TO ENGINEERING _____ QUARTER SECTION THAT SERVICE WILL BE IN _____

TEST DATE	HYDRANT @	ELEVATION	STATIC	HGL	RESIDUAL	HGL	Q. FLOW
		FT	PSI	FT	PSI	FT	@ GPM

SEWER CONNECTION:

SEWER LATERAL RIGHT/LEFT @ _____ FT FROM MANHOLE# _____ NEEDS SEWER TAP ☐

CBU APPROVAL

INSPECTION OF MAINS: ☐ COMPLETE ☐ INCOMPLETE DATE COMPLETE _____

APPROVED ☐ RECOMMENDATIONS OR CONDITIONS OF APPROVAL _____

REJECTED ☐ REASON FOR REJECTION _____

DATE _____ REVIEWED BY _____
UTILITY ENGINEER OR ASSISTANT



CITY OF BLOOMINGTON
UTILITIES CONTRACT FOR SERVICE

Residential _____

Non-Residential _____

Type of Service: Both _____ Water Only _____ Wastewater Only _____ Start Date: _____ / _____ / _____

Account Name (Print): _____ Telephone: _____

Service Address: _____

Mailing Address: _____

Name of property owner (if other than yourself): _____ Telephone: _____

In the event of an emergency concerning your service, please provide us with a contact person:

Name: _____ Telephone: _____

I hereby contract with City of Bloomington Utilities (CBU) for service at the above address and agree to pay CBU for such service in accordance with its established rates. I also agree to conform to all CBU Rules, Regulations, Standards of Service and applicable Indiana law, governing the use of water and wastewater, now in force or which may hereafter be adopted.

Employer's Name: _____ Employer's Phone: _____

Signature: _____ Social Security Number (Optional): _____

Printed Name: _____ Date of Birth: _____ / _____ / _____ Today's Date: _____ / _____ / _____

If signing for a business, please provide us with your business title: _____

Is this property located within the City of Bloomington city limits? Yes No

If no, a notarized "Waiver of Protest of Annexation" must be completed.

If you have recently completed this document, indicate date submitted: ____ / ____ / ____

For Office Use Only: Received by: _____ Verified by: _____

Service Address: _____ Apt, Trlr, Lot: _____

Account #: _____ Entered in SSI: _____

Customer Class: _____ Location: I/O

Meter Location: _____

Meter Serial #: _____ Meter Size: _____

Meter Reading: _____ Date of Reading: ____ / ____ / ____ Time of Reading: _____ am/pm

Comments: _____ Service Person: _____